The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefulist especially important. Physicians: please write the causes of death clearly and

PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

10287

CERTIFICATE OF DEATH

Reg. Dist. No. 6/

1. PLACE OF DEATH: County Caroline City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? one month Hospital, institution, or street address where death occurred: Steward's Nursing Home How long in hospital or institution? one month	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newborn infants give residunce of mother) State
3 (a) FILL NAME	3. (b) Social Security Number
F. Win fred Anderson	
Fera. White Single married, widowed, or divorced	MEDICAL CERTIFICATION 20. OATE OF DEATH. October 26 1948 210.45
6.(c) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 27 19.48, to Oct. 26 19.48 and that I last saw h. eralive on Oct. 26 19.48
7. Birth date of deceased (mo., day, yr.)	Immediate que est deaths OURATION
9. Birthplace (Town, county, and spite) 10. Usual occupation.	Oue to. Lucker Vis Cula Disease
11. Industry or business of the state of the	Other conditions Calum Coles (Include pregnancy within 3 months of death)
14. Maiden name Mary Cliny Jones 15. Birthplace Borbby Hollawar	Majur findings of operations
16. Informant Mass free Brief Preli-	Autupsy results PHYSICTAN: Please onderline the cause tu which death should be charged statistically.
Address 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Chesterfield	Where did injury occur?
Centreville, Wd.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Fdgar Lane Address Church Hill, Md.	dearly Houseful &
19. Oct 2 to 19 To A. Mar Projector	Croenshoro Md 10/27/4

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

10288

Reg. Dist. No. 66

	County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For powhurn intents give residence of mother) State Many County County		
	How long in above place of death?	City or town. If outside city or sown limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
	How long in hospitat or institution?	2.(g) It veteran, name war		
	3. (a) FULL NAME Sadie Cherry Crous	3. (b) Social Security Number		
I	4. Sex 5. Color or race 8.(a) Single, prarried, widowed, or divorced	MEDICAL CERTIFICATION		
	+ W Kridowed	20, DATE OF DEATH October 20 1948 at		
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from		
l	7. Birth date of	and that I last saw halive on		
	8. AGE: Years Months Days It less than one day	Immediate cause of offeth Culture OURATION		
	6/2/9 hrs. min.	(acadental)		
	9. Birthplace (Topid, couply, and state)	Oue to.		
	10. Usual occupation Pillings to Salo usuife	Oue to.		
l	tt. Industry or business Ofetail Tole			
ľ	12. Name Joseph Corry 13. Birtholace Ponnysonia	Other conditions		
ŀ		(Include pregnancy within 8 months of death)		
	15. Birthplace Pennypania	Major findings of operations.		
ı	16. Informant May Barnard Bing gold	Actopsy results		
ı	Address Ridgaly) Man Call	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
	17. Sand Date thereof Deb., 23, 1948 (Burial, eremation, or removal, Which) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
l	Cemetery or crematory Treenstoro	Where did injury occur?		
l	location Greensboro, mary land	Injured at home, farm, Industry, public place (where?)		
	16. Funeral director V. V. Moord	Means of Injury Injured at work?		
	Address Penton, Ind.	Clearly & House Sulle A		
	19 10/23 1048 leavy ? Saird	23. SIGNATURE M. D. or other DAGE LAND M. D. or other		
I	(Date rec'd by registrar) Registrar	Address Oate signed		

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OCT 26 1948

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information carefully the correctage of death clearly and legibly.

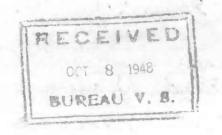
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10289

			/.	5
Reg.	Dist.	No.	9	4

CERTIFICAT	E OF DEATH Reg. Diat. No. 62
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Alat Alat County City or town County County County County County County County City or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.
3. (a) FULL NAME William Edge	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced was rich with the color of the color o	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of Section 21.	and that I last saw halive on
8. AGE: Years Months Days It less than one day 6. 4	Due to See Short wound of
10. Usual occupation	Due to
12. Name Cereir Edge 13. Birthplace 14. Maiden name Pleade Siefele 15. Birthplace 16. Birthplace	Other conditions
5 15. Birthplace Seldebare	Date of op.
Address Sarring Cou Solve States 17 Sures Date thereof (1995) (1997) (1997) (1997) (1997) (1997)	Autopsy results PHYSICIAN: Please underline the cause to which death should he charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing: Accident, suicide, or homicide
Cemetery or cremators Televistors, Coenceless	Where did Injury occur?
18. Funeral director of Using Allson January	Means of Injury Sur Alert Wound Injured at work?
Address Section: Mg.	23. SIGNATURE Janson Teorge M. D. or other
19. (Date reg d by registrar) Registrar	Address Date signed 177774



PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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10290

CERTIFICATE OF DEATH

eg. Dist. No. Lal

	Keg. Dist. 110 April 1		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother).		
County	m l o di		
City or town	En I may market		
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death accurred:	Street No. State Lang - 3 muse		
Sold Market State Comment of the Com	(If rural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
4. Set 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male Thite married	20. DATE OF DEATH October 4 19 48 , at 10: 10 A M		
8.(b) Name of husband or wife like this	21. I CERTIFY that death occurred on the date above stated; that attended deceased from		
6.(c) If aliye, give ageyears	Dest. 22 10 48 10 Oct. 4 10 48		
7. Birth date of	and that tast gaw h Man alive on October 1946		
8. AGE: Years Months Days If less than one day	Immediate flore of death DURATION		
6. AGL: 8/min.	uncensura y carry		
million & salla o			
9. Birthplace (Town, county, and state)	Due to		
1D. Usual occupation	Books.		
11. Industry or business	Due to		
	Other conditions		
12. Name Land All Mark 13. Birthplace england			
- 1	(Include pregnancy within 3 months of death)		
14. Maiden name Mary 15. Birthplace England	Major findings of operations.		
¥ 15. Birthplace england	Bate of op.		
16. Informant 22	Antopsy results		
Address Sections med	22. VIOLENCE: If death was due to external causes, fill in the following:		
17 Delical As Date thereof It has the	Accident, suicide, or homicide		
(Burial, cremation, or removal (mich?) (month) (day) (year)	Where did Injury occur?		
Cemetery or crematory.			
Location Dealing Sphology of Miller of the	Injured at home, farm, industry, public place (where?)		
18. Funeral director Auth D. Fulloughly	Mesns of Injury		
Address East New Merket Mrs.	23 SIGNATURE Carle X OF reex Julo/o		
och it ut d'motion	D. or other		
(Date rec'd by registrar)	Address Deleuslow Md Dal signed 16 7 48		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1310

1					Reg. Dist. No	y
1. PLACE OF DEAT				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of mo	DECEASED:	
Cily or town	death?	State Manyland County or lown City or lown City or lown limits, write RURAL and give nearest to death occurred: Street No. The Reasont County				
3. (a) FULL NAME				1	- (1)	
3. (a) PULL NAME	Chan	les 7	. Friend		3. (b) Social Security	Namber
4. Sex 5	. Color of race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CER	RTIFICATION	
Thate	Colored		Widowed	20. DATE OF DEATH. October	23 1948	, 21 2:30 P.
6.(b) Name of husband or	wite Za	nie Z	Friend	21. I CERTIFY that death occurred on the date above	stafed; fhat I attended dec	r23 48
7. Birth date of		6.(6	c) If alive, give ageyear	s and that I last saw 1 m alive on Octe	ber23	19 48
deceased (mo., day, yr.)	april	17 1860		Immediate cause of death Uremia		DURATION
8. AGE: Years	Months	Days	It less than one day	ammediate court of active		10days
88	6	6			***************************************	
a sinthing Carot	in Com	to The	an land	Due to Afterisclerotec	Cardio	15yrs
9. Birthplace Cause	(Town	county, and	state	renal dise asse s		
10. Usual occupation	Ceta	and t	erner/	Oue to		
11. Industry or business		Zarm				
12. Name 6L	ich Frie	nd		Other conditions Hyertension		
12. Name	Toline G		Maryland	8300 pt 1/2 0 lb/2 rhg.m. = 1/2		
~	liza Ph	1'	7	(Include pregnancy within 3 months of death) Major findings of operations.		
15 Birthplace Ca	whine Co	unter "	maryland	Misjot hadings at aperations.		
16. Informant Gents	Ja 78	richen		Antopsy results		
			A h. a	PHYSICIAN: Please underline the cause to which		statisticsly.
Address 335 N.			ed Cofober 26 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external cause		
(Burial, cremstion, or				Accident, sulcide, or homicide	Oate of	
Cemelery or crematory The Leasant Constany			Gretary	Where did injury occur? (City or town) (County) (State)		
Location Tear	Preston	Thank	land	Injured at home, farm, Industry, public place (when	e?)	
				Injured at work?		
Address Tede	ralsten	g. Tha	yland	23. SIGNATURE MALLY Delina	wees	
19. October 2	B 1948	e,	D. Plummer	Preston arvlar	, M. D.	or other 10/26/48
(Date rec'd by regist	rar)		Registra	Address	Oate signed	TY/1.40/.40

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefully, the cimportant. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Rev.				41
Reg.	Dist.	No.	(0	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)		
County Caracter 30	State Musikanhony Carolina		
Clly or town (tf outside city or town limits, write RURAL and give neavest town)	1 - 1 P. J.		
How long in above place of death?	City or town		
Hospital, Institution, or street address where desth occurred:	Street No.		
	(if rural, give LOCATION)		
How long in hospital or institution?			
3. (a) FULL NAME LESSED DE SRIPS	3. (b) Social Security Number		
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
The go. Toedoute	20, DATE OF DEATH ROTTE 4 1848 et 11:15 p		
8.(6) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 12 19.43 to Oct 14.19.48		
7. Birth date of			
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than ooe day	Bronchozenie Carcinomia 7 mio		
9. Birthplace	Due to		
(Town, county, and atate)			
1B. Usual occupation.	Due to		
11. Industry or business			
12. Name In Justinian	Diher conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden name No Infranction 15. Birthplace	Major findings of operations		
₹ 15. Birthplace			
18. Informant Zeat Saul Frisley	Aulupsy results PHYSICIAN: Plesse underline the cause to which death should be charged statistically.		
Address / Lewan . Med.	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide		
Cemetery or crematory & Clairsville Genettery	Where did injury occur?		
hhlasmulle Nouse.	Injured at home, farm, Industry, public place (where?)		
Location	injured at frame, rain, maderity par a prese (most)		
Location Alland Marse of Source	Meens of injury Injured at work?		
18. Funeral director diem diem diem diem diem diem diem diem			

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 6/

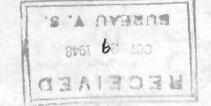
1. PLACE OF DEATH:	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)		
county Caroline	State Maryland county Caroline		
City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? 45 Yrs.	City or town Greensboro (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rura), give LOCATION)		
How long In hospital or Institution?	. 2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Sarah Rebecca Hickman	219-07-1191		
Sarah Rebecca Hickman 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F. White Married			
	20. DATE DE DEATH October 23 1948 31 4 P.		
6.(b) Name of husband or wite Herman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If alive, give age 70 year	Sept. 15 1048 10 Oct. 23 1048		
7. Birth date of deceased (mo., day, yr.) Sept. 14. 1891	and that I last saw h alive on Oct . 23 19 48.		
8. AGE: Years Months Days If less than one day	Immediate Caufoi death DURATION DURATION		
57 1 9hrsmin	garrie rajocardas		
	Due to Secretal Celevis elevisor		
9. Birihplace Felton Delaware (Town, enunty, and state)			
10. Usual occupation Housewife	Chipulani 18		
v	Due to		
11. Industry or business X	- j		
12. Name John Van Sant 13. Birthplace Delaware	Bther conditions		
	(Include pregnancy within 3 months of death)		
至 14. Malden name Margaret Wyatt			
15. Birthplace Delaware	Major fiadings of operations.		
	- Date of op		
16. Informant Mrs. Myrtle Taylor	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Greensboro, Maryland.			
17. Burial Date thereot 10/26/48 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: It death was due to external causes, till in the tollowing;		
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Greensboro	Where did Injury occur? (City or town) (Cnunty) (State)		
Location Greensboro, Maryland.	Injured at home, Jarm Industry, public place (where?)		
18 Funeral director Raymond B. Rawlings	Msens of Injury Injured at work?		
	Con With 111		
Address Greensboro, Maryland.	23 SIGNATURAS A HOLENGEN AND		
18. Date 26 1848 C. Mar Parelle Registrar			
(Date ree'd by registrar)	Address Thereon Hele Bate signed 1259		

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 6/

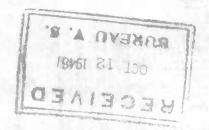
				Keg. Dist. 10
1. PLACE OF DE	O		ne	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Caroline
City or town			S. a	City or town. Greensboro (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital o	r Institution?		X	2.(a) If veteran, name war
3. (a) FULL NAM		becca	R. Hurd	3. (b) Social Security Number None
4. Sex	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. October 3. 1948 21.5A.
6.(b) Name of husband	or wifeWil	liam 6.(a	e) If alive, give ageyears	21. I CERTIFY that death accurred on the date above stated; that I attended deceased from
8. AGE: Year 72		Days 22	If less than one dayhrsmin.	Cultul + feneral
10. Usual occupation. 11. Industry or busines 12. Name	John Da	usewi rlin yland	fe X	Due to
14. Maiden name 15. Birthplace				Major findings of uperations
Address 17	Greensbo ial h or removal, Which lory Green eensboro.	Date there is boro Mary B. R.	land.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

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	WITH UNFADING INK. Supply every item of information carefully. The correct age	important. Physicians: please write the causes of death clearly and legibly.
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10295

CERTIFICATE OF DEATH

60 Reg. Dist. No ...

I. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewhorn infants give residence of mother)	
County Caroline					
City or town (If outside city or town limits, write RURAL and give nearest town)			***************************************	Slale Maryland Cour	ny Caroline
				City or town Goldsboro	, write RURAL and give nearest town)
How long in above place Hospital, institution, or	ot death?	death occurre	1.L.S.e	(If outside city or town limits,	, write RURAL and give nearest town)
nospital, institution, of	Street addicas where	deam decurre		Street No.	
			₹	(If rural, give	one
			X	2.(a) It veteran, name war	0110
3. (a) FULL NAME					3. (b) Social Security Number
	Wat	lter	Harman Kinnam	ion	None
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced		RTIFICATION
Male	White	707	idowed	October 27	19. 48. 15:25P.
6.(b) Name of hueband	or wife	ary	d	21. I CERTIFY that death occurred on the date abov	/ - /
***************************************		6.0	c) If alive, give ageyeare	pur 10 195	7
7. Birth dale of deceased (mo., day, y)	Peh.	16.	1872	and that last aw h Lu alive on Oc	
8. AGE: Yeare	Months	Days	If less than one day	Immediate course of death	OURATION
76	8	77	hrsmin.	Cornery Sol	
		-		(1) (1)	
9. Birthplace	ensporo,	county and	oline, Maryland	· Due to Cheffy pele	
	THE OWN			Carelin A & Cella	- Docasa
1D. Usual occupation			***************************************	Due to	
11. Industry or businees		X			
mm 1 mm 11			on	Other conditions	
2 13. Birthplace	Maryland				
14 Malden name	Sallie V	yatt		(Include pregnancy within 3 m	nonths of death)
14. Malden name 15. Birthplace	Maryland			Major findings of operations	
16. Informant	nwood	innai	non	Autopsy results PHYSICIAN: Please underline the cause to whi	
Address GC	oldsboro,	Mary	rland.		
17 Buris	1	Date the	eof	22. VIOLENCE: If death was due to externat caus	
				Accident, eulcide, or homicide	
Cemelery or cremator	, Greer	isbor)	Where did injury occur?(City or town)	(County) (State)
LocationG1	eensbor	Ma:	yland.	Injured at home, farm, industry, public place (who	ere?)
18. Funeral director Raymond B. Rawlings				Meane of Injury	Injured at work?
Address Greensboro, Maryland.				Costa 1	W) AL MA
1000 0	d /-) mail		23. SIGNATURA KALLINGS	M. D. Graffing
19. JCT. N	8 19 48	a	.c. swith	Mag. Par	0/111 1/286
(Date rec'd by registrar) Registrar				Address Leteuron	Date signed J. G. Y.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10296

CERTIFICATE OF DEATH

Rog. Diat. No. 4

County	State County Cif outside city or town limits, write RURAL and give nearest town) Street No
3. (a) FULL NAME	3. (b) Social Security Number
Trucy Coster to	
4. Sex 5. Color or race 8.(a) Singls, married, widowed, or divorced	MEDICAL CERTIFICATION
Is Toldow.	20. DATE DE DEATH OCT /2 19.48 , 21 / A M
Til and Barrell Fair	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Namo of husband or wife Double and the Black and the Company	1919
7. Birth dais of	and that I last saw halive on
deceased (mo., day, yr.) Maly, 1 16	Immediate cause of death
8. AGE: Years Months Days If less than one day	
hrsmin.	Carles ascular Tens Deus 2 gr
9. Birthplace	Oue 10
of to	
1D. Usual occupation	Due to
11. Industry or business	
12. Name	Diher conditions
13. Birthplace	(Include pregnancy within 8 months of death)
E 14. Maiden name.	Major findings of operations
E 15. Birthplace	Date of op.
18. Informant James John Common!	Autopsy results
Address Hambridge Oriel.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
B 1 16-15-4	22. VIOLENCE: 11 death was due to external causes, fill in the following:
(Riurial, cremetion, or removel, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory / Seelaw Coarse tole	Whore did injury occur?
Location / Senter Ref.	Injured at home, 1arm, Industry, public place (where?)
(7/ il The work of	Means of injury tojured at work?
18. Funeral director	1 76
Address / Series Cold	23. SIGNATURE LLUSSON D. TROUBL
19. Och 14 18.45 & Met Page	M. D. or other Will 3/48

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OCT 16 1948
BUREAU V. S.

AND VARIOUS PROPERTY.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: County	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For person in fants give residence of mother) State
3.(a) FULL NAME MYRA TR. MORRIZ	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH CITIES 19 48 1 3:30 F.
6.(b) Name of husband or wife Charles Morrison 6.(c) If alive, give age 60 years 7. Birth date of Sant 1996	21. I CERTIFY that death occurred on the date above stated: that t attended decessed from Sept. 15 18 46 to October 25 18 48 and that t vast saw h. 42 abrey on October 2 4 18 48.
8. AGE: Years Months Days It less than one day 5 3 1 7hrsmin.	Immediate cause of death Carcenoma & DURATION Clerety with pretractions To dever & section were
9. Birthplace (Town, eounty, and state) 10. Usual occupation Lawrence	Due to Aucelius
11. Industry or business 12. Name Rangedal 13. Birthplace Day land	Other conditions
13. Birthplace Maryland 14. Maiden name Conic Dlewley 15. Birthplace Waryland	(Include pregnancy within 3 months of death)
16. Informant Cliarles Davison	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Conton woulded 17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cometery or crematory Location Compared to the compared to t	Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) (Injured at work?
18. Funeral director Danton, Mid.	23 SIGNATINE Placelle M Annew Jules
19. Dal 39 1845 Mastappas	These has head 10 or other 28

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

City or town(If How long in above plac Hospital, institution, o	aroline Smithson outside city or town I e of death? r street address where	imits, write i		(If outside city or town limit	f mother) ounly Caroline ural) ts, write RURAL and give nea	
	or Institution?		***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM					3. (b) Social Security	Number
			RD POLLARD			
4. Sex	5. Color or race		le, married, widowed, or divorced ARRIED	MEDICAL C	ERTIFICATION 1988	at 3;40 V
		6.(c) If alive, give age 68 years	21. I CERTIFY that death occurred on the date ab Man Sh. V.C. 19. and that I last saw h Man alive on	ove stated; that I attended deces	0
deceased (mo., day, 8. AGE: Year	s Months	9, 18'	tf less than one day	Immediate cause of death		DURATION year here
9. Birthplace	Easton (Town) Farmer	ralbot county, and	t, Maryland	Due to Coronsy delin My perfecsion	ns and	3 year
11. Industry or busine:	unknow	n		Other conditions		
14. Maiden name 15. Birthplace	Henerie	tta I	arrimore	(Include pregnancy within 3		
16. Informant	reston.		,	Actopsy results		
Buri (Burial, cremation	al n, or removal. Which? ory Jr. Ore	Date ther	(month) (dly) (year) A. M.	VIOLENCE: If death was due to external ca Accident, suicide, or homicide Where did injury occur?	Date of	(State)
Location	Presto	n, Md.	•	Injured at home, farm, industry, public place (w	/here?)	
	H. M. I			Means of Injury	tnjured at work?	
Address	Presto	a, Md.		23. SIGNATURE Staul	with and	
19. (Date rec'd by re		C	, W. Plummer Registrar	Address Ruston	M. D. o	



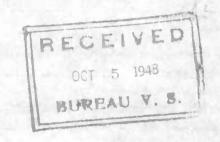
CERTIFICAT	TE OF DEATH Reg. Diat. No. 64
City or town. I advantable - Russell RURAL and give nearest town) How long in above place of dealh?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate Manyland County Doctates City or town Fall Manyland Russell (If outside city or town limits, write RURAL and give nearest town) Street No. Russell Road (If rural, give LOCATION)
3. (a) FULL NAME James Henry Ringgold, Jr.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male Colored Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH October 2 19 48 , at 7 4
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day 9. Birthplace	Immediate cause of death Sastra Gutational - Desease Due to. Impropen Maureshment
12. Name fant H. Ringgold 13. Birthplace Deltinore, Maryland W 14. Maiden name Hannah Smoot 15. Birthplace West Virginia 16. Interment Janes H. Ringgold	Other conditions (Include pregnancy within 8 months of death) Major findings of operations. Date of op.
Address Federalsburg, Mary Land, R.F.D. 17 Burial Date thereof Other 4, 1948 (month) (day) (year) Cemetery or crematory Federal Vice Contemp. Location Federalsburg, Mary Land	PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, till in the following; Accident, suicide, or homicide
18 Funeral director for Frampton and form Address Federalsburg, hangland 19. October 2 1948 5. 5. Fram Storm (Date reed by registrar)	23. SIGNALOW M. D. p. fine M. p. fin

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MARYI	AND	STATE	DEPARTMENT	OF	HEALT

2411 N. Churles St., Baltimore

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CERTIFICATE OF DEATH

Rog. Dist. No. 62

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Caroline	(For newhorn infants give residence of mother)	•
City or town New Denton	State Couply Caroline	
(If outside city of town limits, write NONAL and give nearest town)	City or town Hear Senton	
How long in above place of death? 50 yrs	(if outside city or town limits, write RURAL and give neares	it town)
Hospital, Institution, or street address where death occurred:	Street Ho.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) Il veleran, name war	,
3. (a) FULL NAME (None) Satterfield	3. (b) Social Security Nu	mber
4. Sex 5. Color or racs 6.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION	
M Negro widows	20. DATE OF DEATH Ochlar 24 1848.	24
Porter lattalil	21. I CERTIFY that death occurred on the date above stated; That I attended decease	d Irom
B.(b) Name of husband or wife Kortig Sattleifeeld	July 13 1946 10 Oct 24	
S.(c) It alive, give age years	0:00	47
7. Birth date of deceased (mo., day, yr.) Oct 1, 1881	and that I last saw h Linn alive on Oct to	19
8. AGE: Years Months Days If less Ihan ons day	Immediate cause of death	OURATION
12 2	Coronary arterio sclemis	291
6/ - 20hrsmin.	and cheral arteris relievis	244
9. Birthplace New Denton	Due Io.	***************************************
(Town, county, and atate)		
10. Usual occupation Labores		000***************
11. Industry or business	Due to	
	Bonduel Asham	292
# 12. Hame thank Satterfield	Other conditions	2
13. Birthplace	(Include pregnancy within 3 months of death)	291
# 14. Maiden name Priscella Bargnum		
	Major findings of operations	
\$ 15. Birthplace Md	Date of op	
18. Intermant Mustred Dyer	Autopay results	
1 19/10	PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.
Address Concord. MIX O. F 28 1118	22. VIOLENCE: il death was due to external causes, till in the following:	
17. Bural Date thereol Oct 20/940	Accident, suicide, or homicide,	
(Burial, cremation, or removal. Which?) (month) (day) (year)		
Cemetery or crematory St. Caulo	Where did Injury occur?	State)
Location Concord	Injured at home, farm, Industry, public place (where?)	
111:10 -M-11	Means of Injury Injured at work?	
18. Funeral director Analysis // Woode 8 Star		
Address Denton, 7Md	23. SIGNATURE Trans Minhs Miss	
10-27 148 g. 5. wetly as 10	M. D. or	other /2 /15
19. (Date rec'd by registrar)	Address Date signed O	120 48

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OCT 28 1943

NFADING INK. Supply every item of information careful. The cont. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Restant (If outside city or town limits, write RUKAL and give nearest town)	State Manyland County Carolina City or lown Preston
How long in above place of death? 2/ 1944. Hospital, Institution, or street address where death occurred:	City or town. (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) It veteran, name war
3. (a) FULL NAME Adelaide R. Solloway	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Hite Married	20. DATE OF DEATH. October 28 19.48 21 11:45 P
6.(b) Nams of husband or wife Audiew 7. Islands give age 82 years 7. Birth dale of	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from September 136 to October 28 148 and that I last saw her alive on October 28 19 48
8. AGE: Years Months Days It less than one day 69 11 4	Immediate cause of deathAcute Coronary 20Min 20Min
9. Birthplace. New Window, Carrell County, Mary faul. (Town, county, and state) 10. Usual occupation. Housework 11. Industry or business	Disease Die to Arteriosclerotic eart loyrs Disease
12. Name David Musbaum 12. Name David Musbaum 13. Birtoplace Frederick Maryland	Other conditions
14. Maiden name. Mary. Echer 15. Birthplace Frederick Maryland	Major fiadings of operations. NONE done.
19.11) (11) (11)	Antopsy results
Address Preston, Maryland R.F.D. 11 Durise (Burial, cremation, or removal. Which?) Date thereot. October 31, 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory Presbyttian Church Courtery	Whers did injury occur? (City or town) (County) (State)
Location Hesse Windson, Maryland 18 Funeral director J. J. Frampton and Son	Injured at home, tarm, Industry, public place (where?) Msans of injury Injured at work?
Address Federalsburg, Manyland	23. SIGNATURE JUNG Dummury
19. [0] 30 19. 48 C. S. Plumw Registrar	Address Preston aryland Date signed 10/20/48



MARYLAND STATE DEPARTMENT OF HEALTH

Comela D. Plummer

2411 N. Charles St., Baltimore

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Reg.	Diat.	No.	 ¥	2 4		-

3. (b) Social Security Number

CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Carolina City or iown (If outside city or town limits. write RURAL and give nearest town)

2. USUAL.	RESIDENCE (HOME) OF DECEASED: whorn infants give residence of mother)
State	Preston County Caroline
Street No	(If outside city or town limits, write RURAL and give nearest town)
	(If rural, give LOCATION)
2.(a) It vetera	name war

Nospital, institution, or	street address where	death occurred	:
How long in hospital or	institution?	********	
3. (a) FULL NAME	andren	- I. Sol	loway
4. Sex Wale	5. Cotor or race		married, widowed, or divorced
6.(b) Name of husband 7. Birth date of deceased (mo., day, y			P. Locloway) If alive, give ageyears
8. AGE: Years about 92	Months	Days	It less than one dayhrsmin.
HTQ 13. Birinplace HTQ 14. Malden name 15. Birinplace	State No data	Day !	Lucia
(Burial, cremation,	or removal. Which?	Date there L'un Marylan	F.D. of October 31 /948 (month) (day) (year)
Address Z		laus	land

MEDICAL CERTIFICATION	4
20. DATE OF DEATH October 28 194	18 ,11:501
21. I CERTIFY that death occurred on the date above stated; that I strends october 18.36 to ctober and that I last saw h 1 m alive on ctober 28	d deceased from 0 6 r 28 19 48
mmediate cause of death Acube cardiac	DURATION
Latation	
oue to Chronic Myocarditis	
Auticular fibrillation	2 yrs
ue to Arteriosclerois	
other conditions Catarct left eye	
(Include pregnancy within 3 months of death)	
Major findings of operations.	
	*** ****** * * ********** **
	arged statesticany.
22. VIOLENCE: If death was due to external causes, fill in the tollowing:	
Accident, suicide, or homicide	
Where did Injury occur?(City or town) (County)	(State)
njured at home, tarm, Industry, public place (where?)	*********************
	?

Preston Maryland

WITH UNFADING INK, Supply every item of information careful important. Physicians: please write the causes of death clearly an FOR BINDING RESERVED MARGIN PLAINLY, V WRITE PLEASE

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19. / 0/30/4 (Date rec'd by registrar)



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MARYLAND STATE DEPARTMENT OF HEALTH

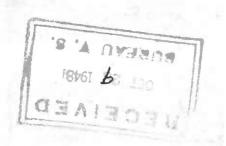
2411 N. Charles St., Baltimore

19/0

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CERTIFICATE OF DEATH

Н		Reg. Dist. No.
	1. PLACE OF DEATH: County Graden	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bargwhorn infants give festione of mother)
	Cily or town	City or town (If outside city or town limits write RURAL and give nearest town)
	Hospital, institution, or street address where death occurred:	Street No. Mean Hulleys bearg
	How long in hospitat or institution?	2.(a) If veteran, name war
	3. (a) FULL NAME Sadie Cecelia	a Sleward 3. (b) Social Security Number
	4. Sex 2. 5. Color or race, 6.(a) Single, married, widowed, or diversed **Married** **Married**	MEDICAL CERTIFICATION 20. DATE OF DEATH October 25 1948 at 4:30 P.
	6.(b) Name of husband or wife Serrge M. Selward.	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
	7. Birth date of deceased (mo., day, yr.) gulley - 7.3 - 1897	and that I tast saw h
	8. AGE: Years Months Days It less than one day	Ceets Culmonant &
	9. Birthplato Tallan Jessel Mulvice Co., Ja	Due to Cluder Rengel Leus , 18
	1D. Usual occupation	Due to
	E 12. Name Milleans N. Stugg	Other conditions
		(Include pregnancy within 3 months of death)
V	14. Maiden name Mury arch & Messler 15. Birthplac Fallen Figurber Cambria Co., Fo	Major findings of operations
	Address Transporo ma	PHYStCIAN: Please underline the cause to which death should be charged statistically.
	17. Date thereot Oct 29, 1948 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
	Cemetery or cremetery Desilon Cerusling	Where did injury occur?
	18. Funeral director Mas) A Mary Care	Means of Injury Milured at work?
	Address Harrington, Delawar	23. SIGNAUL X Streen Section
	19 Oak 27, 19 4 8 & Mar Figure	23. Stones The Men Main stoned 25



LATNLY, WITH UNFADING INK. Supply every item of information careful, especially important. Physicians: please write the causes of death clearly and

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

62 Reg. Diat. No ...

1. PLACE OF DEATH: P	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For regular infants give residence of mother)		
County Apoline	201	(and in	
Cily or fown(If outside eity op town limits, write RURAL and give nearest town)	State	oly	
How long in above place of death?	City or lown (1f outside city or toyen limits	write RURAL and give nearest town)	
Hospital, Instilution, or street address where death occurred.			
<u></u>	Streel No		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME William Walter Sylv	ester	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
hu w married	20. DATE DE DEATH. October	24 1948,13:25/2.	
S.(b) Namo of husband or wife Juga Sylvester	21. I CERTIFY that death occurred on the dale abo		
	Duy 20 18	28 to Oct 24 1948	
7. Birth date of A. D. Sirch date of A. D. Sir	and that I last eaw halive on O.C.	Ma 24 19 94	
deceased (mo., day, yr.) 8 A.C.F. Yeare Monthe Days If less than one day	Immediate cause of death		
8. AGE: Yeare Monthe Days If lese than one daymin.	artuis aclum	10 year	
8. Birthplace Gold Soto, Careline, Maryland (Town, county, and state)	Due Io		
Rid in anato		b	
10. Usual occupation.	Due fo		
11. Industry or business			
12. Name Darmel Sighthales 21. 13. Birthplace Eslabores, Jud.	Other conditions		
	(Include pregnancy within 3 r	nontha of death)	
14. Maiden hame Factor (Siglocoster) Reed 15. Birthplace Felton, Red.	Major findings of operations		
	-	Dato of op	
16. Informant Myra Sylveder	Autopsy results	the least should be about a destroite for	
Addrees I Ventow maryland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof Oct 27, 1948	22. VIOLENCE: If death was due to external cau		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Callboro	Where did injury occur?(City or town)	(County) (State)	
Location Colling, Ind	Injured at home, farm, Industry, public place (w	nere?)	
1 11 7	Maens of Injury	Injured at work?	
Addreee Denton Md	2 Kaull	with ma	
10-27 48 5.5.2-08 7	23. SIGNATUME	M. D. or other	
19. (Data racid by registrar)	1 Address Develors	Med Date signed 10/26/4	

